

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Samuel Perov M.D.

Mailing Address 5027 W. Bloomfield Lake Rd

City State Zip Code
 West Bloomfield MI 48323

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Detroit Receiving Hospital

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 15 / 2013

Transaction ID : C2331400

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kathy M. Perryman M.D.

Mailing Address 11412 Canterbury Cir.

City State Zip Code
 Shawnee Mission KS 66211-2935

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Anesthesia Associates of KC, PC

Occupation
 pediatric anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 13 / 2013

Transaction ID : C2328516

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Raymond M. Pesso M.D.

Mailing Address 278 Round Swamp Rd

City State Zip Code
 Melville NY 11747-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NORTH AMERICAN PARTNERS ANESTHESIA

Occupation
 ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.16

Date of Receipt

05 / 03 / 2013

Transaction ID : C2322632

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

1333.34

TOTAL This Period (last page this line number only)..... ►